

**2003-NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90396 040 ****61.25

DOCUMENT # 734968

1. Entity Name
VILLA SANIBEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

2321 WEST GULF DR. **P O BOX 100**
~~P O BOX 094~~ **SANIBEL FL 33957**
SANIBEL FL 33957

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1659116** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JAMBECK, NICK
703 TARPON BAY ROAD
STE B
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	VALHOULI, DORTHY	
STREET ADDRESS	54 BRIAR RD	
CITY-ST-ZIP	HAMPTON NH 03842	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM	
STREET ADDRESS	400 ATLANTIC AVE	
CITY-ST-ZIP	COHASSET MA 02025	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, MARCELLA	
STREET ADDRESS	16 PRESCOTT ST	
CITY-ST-ZIP	NEWTON MA 02160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mezera, James	
STREET ADDRESS	15460 Santa Maria Dr	
CITY-ST-ZIP	Brookfield, WI 53005	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Rita	
STREET ADDRESS	11144 Malaysia Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Smith* **WILLIAM SMITH** 04/06/03 239472 5020

CR2E037 (10/02)